

DEB NOTICE 120805 – Replacement of Defective Sprinkler Heads

Effective 12/8/05

The deadline for registration for free replacement of defective sprinkler heads by Central Sprinkler Co. is July 1, 2006. Many State agencies have not yet completed the necessary filing requirements to complete registration to qualify for free replacements.

To apprise DGS/DEB of the registration status for your agency, please complete the form which is included as the second page to this DEB Notice and submit by January 31, 2006 via:

- E-mail to Sprinkler@dgs.virginia.gov , or
 - FAX to (804) 225-4709
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There are 3 required items for complete registration:

1. Proof of Claim Form - DGS-30-363
2. Close-up photographs of in-place sprinkler heads for confirmation of qualifying heads
3. Waiver Form - Central Sprinkler Co. form

Hard copies of all registration items must be forwarded to DGS to be packaged and sent to Central Sprinkler Company. Please send these packages to the following address:

DEB/BCOM
202 N. Ninth Street, 3rd Floor
Richmond, VA 23219

ATTN: Sprinkler Recall

Please complete the submissions to DGS by March 31, 2006 to allow time for DGS and Central Sprinkler Co. to confirm that complete and accurate info has been submitted.

Copies of the Proof of Claim Form, the Waiver Form, and additional information and instructions are available at the Website following website:

<http://deb.dgs.virginia.gov/BRPM/SprinklerSystem/>

If there are questions about qualifying types of sprinkler heads, explanations of required info on the forms, Central Sprinkler Co. offers two sources of info:

Telephone Call Center: 866-505-8553
Website: WWW.SprinklerRecall.com

If the above resources do not sufficiently address your questions and you need further assistance, you may contact Mr. Carl Smith of BCOM at Carl.Smith@dgs.virginia.gov or at (804) 371-7550.

SPRINKLER RECALL PROGRAM STATUS

If your agency is not affected by this recall, please indicate the reason:

<input type="checkbox"/>	No sprinklered buildings
<input type="checkbox"/>	No sprinkler heads applicable to the replacement program
<input type="checkbox"/>	Other (describe): _____

If your agency is affected by this recall, please indicate your agency's status for completion of the three registration requirements for the sprinkler replacement program:

Proof of Claim Form submitted:	Y / N	Date of Submission to DGS	_____
Photographs submitted:	Y / N	Date of Submission to DGS	_____
Waiver Form submitted:	Y / N	Date of Submission to DGS	_____

If your Agency's registration has been completed, please indicate the status of the sprinkler heads replacement:

Agency in contact with Central Sprinkler Company:	Y / N
Replacement scheduled or underway:	Y / N
Replacement complete:	Y / N Date _____

Name of Agency	_____
Name of Agency Contact	_____
Title	_____
Telephone / E-mail	_____
Signature / Date	_____

E-mail this form to Sprinkler@dgs.virginia.gov or FAX to (804) 225-4709 by January 31, 2006.